

Sample 2004 Monthly Medicare Supplement Rates for Standardized Plans for Those Eligible for Medicare

APPROVED 10/18/04

Company	A	B	C	D	E	F	F*	G	H	I	J	Disabled Plans+	Date ++ Approved
American Progressive L&H Ins. of NY	\$138.48	\$179.26	\$215.94	\$196.11	\$199.99	\$216.50	\$60.01	\$180.01				A, B&C	09/24/04
Anthem Blue Cross Blue Shield	\$100.70	\$121.46	\$152.59	\$143.83		\$155.50	\$57.00		\$218.67		\$255.67	A, B&C	10/30/03
Bankers Life and Casualty	\$241.10	\$193.46	\$310.00	\$263.15	\$158.54	\$200.51	\$33.15	\$249.35	\$571.20	\$578.87		A, B&C	10/18/04
Central States Health/Life Co. of Omaha	\$239.13				\$188.77	\$222.12		\$191.09				A	06/24/04
Globe Life & Accident Insurance Co.	\$88.00	\$118.50	\$137.00			\$138.50						A, B&C	04/20/04
Mutual of Omaha	\$224.29			\$171.49		\$202.59						A, B&C	01/05/04
Oxford Life Insurance Company	\$188.64	\$242.92	\$291.63	\$280.02		\$303.24				\$432.17		A, B&C	01/09/04
State Farm Mutual Automobile Ins. Co.	\$129.88		\$193.80			\$201.54						A&C	04/02/04
United American Ins. Co. (Bankdraft)	\$132.00	\$189.00	\$220.00	\$217.00		\$227.00		\$212.00				A, B&C	11/25/03
United Teacher Associates Ins. Co.	\$132.51	\$155.56	\$185.04	\$156.48		\$185.95		\$157.40				A, B&C	05/07/04
USAA Life Ins. Co.	\$127.84			\$149.94		\$179.18		\$149.94				A	01/30/04
Group Plans**													
United HealthCare Ins. Co/AARP	\$94.50	\$114.75	\$138.50	\$129.75	\$129.75	\$139.25		\$130.25	\$199.50	\$200.75	\$223.50	A, B&C	11/17/03
Select Plans***													
American Progressive Life & Health Insurance Company of New York		\$147.16	\$176.32	\$166.64	\$170.32	\$182.45						B&C	09/24/04

+ Disabled Plans available to individuals on Medicare due to disability.

++The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company for the effective date.

* High Deductible Plan - This plan provides the same benefits as Plan F after one has paid a calendar year deductible (**\$1,690 for 2004.**) Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and B deductibles, but not the foreign travel emergency deductibles.

** These are group plans that are available to individuals enrolled in Medicare. Payment of a group membership fee is required.

*** Reduced benefits are payable if you are treated at a hospital other than St. Vincent's Medical Center of Bridgeport (participating hospital). This means you will be responsible for paying the Medicare Part A deductible if you are admitted to a non-participating hospital. However, payment for covered expenses will not be reduced if you are admitted to a non-participating hospital for emergency care.